

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NEW YORK JOBS COUNCIL		FEC IDENTIFICATION NUMBER ▼ C C00579045	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee In the Field LLC		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">02</table> / <table border="1" style="display:inline-table; margin:0 5px;">04</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Mailing Address P.O. Box 9684 2320 Nott St. E		Amount <table border="1" style="display:inline-table; width:100%">9719.48</table>	
City Schenectady	State NY	Zip Code 12309	Transaction ID : SE.4173
Purpose of Expenditure Direct Mail production and postage	Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">01</table> / <table border="1" style="display:inline-table; margin:0 5px;">29</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Name of Federal Candidate JOHN J. MR. FASO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table>	
Mailing Address		Amount <table border="1" style="display:inline-table; width:100%; height: 20px;"></table>	
City	State	Zip Code	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table>
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%">9719.48</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; width:100%; height: 20px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%">9719.48</table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth White Beacham

[Electronically Filed]

Date

 /

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Signature